

UTILIZATION OF ADAPTIVE NONPHARMACOLOGIC INTERVENTION TO REDUCE STRESS OF THE NURSING STUDENTS IN CANOSSA COLLEGE SAN PABLO CITY INCORPORATE

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Abstract

Nursing students encounter stress during their exposure to school and clinical practices. Experiencing high levels of stress can lead to compromising health and well-being as well as academic performance. Nonpharmacologic intervention is defined as any sort of intervention that involves therapeutic activities or techniques without drugs or substance use. Under this context, this study focused on the utilization of adaptive nonpharmacologic intervention to reduce stress of the nursing students in Canossa College- San Pablo City Inc. The researchers used the descriptive-comparative approach. The researchers conducted a survey using an adapted 28-item questionnaire which is composed of three parts the demographic profile, 9-item stressors, and 19-item adaptive nonpharmacologic interventions of which the respondents are nursing students of Canossa College San Pablo City Inc. with a total of one hundred sixty five (165), purposively chosen. Frequency distribution, mean, and standard deviation were used to treat the data. There was no statistically significant difference between the adaptive nonpharmacologic interventions used by respondents to reduce stress when grouped by sex and year level. Majority of the respondents identified listening to music as the most utilized while seeking professional advice from their teachers, professors, or school guidance counselor about their study load is the least utilized. Everyday, countless individuals are affected by stress. Nursing students, in particular, face high levels of stress due to school and clinical practices, risking their

health, well-being, and academic performance. To address this, the researchers hoped to help nursing students determine the stressor and utilize adaptive nonpharmacologic interventions to reduce their stress. This can also help to reduce the risk factors that can threaten the well-being of the students. Through this research, nursing students will be able to reduce their stress without being dependent on other substances that can cause dangerous adverse effects in the long run. In addition, there are few studies that discuss the use of adaptive nonpharmacologic interventions in relieving the stress of nursing students, and the researchers would like to address this gap.

Keywords: Stress, Nursing Student, Health.

Introduction

In today's fast-paced world, the prevalence of stress affects countless individuals on a daily basis. Among those vulnerable to heightened stress levels are nursing students, who deal with the demands of academics and clinical practices, affecting their health, well-being, and academic performance. The overall objectives of this study is to determine the utilization of adaptive nonpharmacologic intervention to reduce the stress of nursing students in Canossa College- San Pablo City Inc. Through this study, the researchers aspire to contribute to the well-being of nursing students and offer an alternative approach to stress management that avoids potential long-term adverse effects associated with medication dependence. Furthermore, this research contributes to the limited body of knowledge addressing the use of adaptive nonpharmacologic interventions in alleviating stress

among nursing students, bridging an existing gap in the literature

are used to witnessing a dying patient now and then in their workplace. But seeing so many people die every day was an overwhelming, stressful, and devastating thing, especially when the patient dies alone, without their loved ones beside them.

This appears as a compelling issue nowadays which contributes to the researchers' perspectives of how much they see the need for further investigation, understanding, and analysis of how Intensive Care Unit Nurses cope with and perceive the death and dying of a patient. Thus, this study aims to explore and discuss coping behavior in death and dying patients since this will give new ways of understanding towards nurse-patient relationship. Moreover, this study intends to determine how the impact of patient's death varies among nurses in the Intensive Care Unit at the Community General Hospital San Pablo City.

Theoretical Framework

The Neuman Systems Model

Under the Neuman Systems Model, the client is viewed as an open system responding to environmental stressors, considering factors like physical, psychological, sociocultural, developmental, and spiritual aspects. In the context of studying adaptive nonpharmacologic intervention for stress reduction among nursing students at Canossa College, various stressors arise during both academic and clinical settings. Clinical performance, requiring skill use, becomes a physiological stressor, while workload and academic responsibilities act as psychological stressors impacting emotions and cognition. Sociocultural and developmental stressors encompass time management, independence, and balancing academics with other commitments. In

addition, the model advocates three prevention types: primary, secondary, and tertiary. This study, focusing on primary prevention, identified respondents' stressors and found that adaptive nonpharmacologic intervention significantly reduces stress. Recommendations based on the findings serve as primary prevention measures, offering stress reduction strategies for study beneficiaries and potential wider application as a primary prevention strategy.

Nola Pender's Health Promotion Model

Nola Pender's Health Promotion Model underscores the influence of unique personal traits on health-promoting behaviors, aiming for improved health and quality of life. This model guides interventions, such as stress management for nursing students, acknowledging individual differences in stress relief methods. It is pertinent in understanding how personal characteristics shape health behaviors, especially in the context of the study wherein the variations on the use of adaptive nonpharmacologic intervention among respondents based on their profiles, sex and year level, were examined.

Richard Lazarus Stress, Appraisal, and Coping Theory

In line with Lazarus' Stress, Appraisal, and Coping Theory. It is pertinent to the study since it supports the utilization of adaptive nonpharmacologic intervention to reduce the stress of respondents. The stressors, coping mechanisms, and short- and long-term effects that are presented assist in a deeper understanding of how stress affects people and how they respond to it. As was previously mentioned, nursing students experience stress and problems while being in school and in clinical settings. The stressors among nursing students during their college years are workload, responsibilities, clinical performance, family, and academic activities. The adaptive nonpharmacologic interventions were the researchers' primary area of interest when it comes to coping responses.

Conceptual Framework

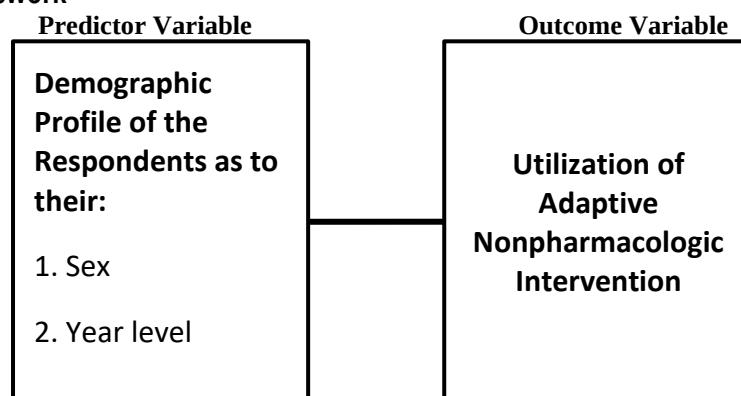


Figure 1: Conceptual framework of the study Utilization of Adaptive Nonpharmacologic Interventions to Reduce Stress of the Nursing Students in Canossa College - San Pablo City Inc.

Figure 1 shows the flow of the study. This study used a predictor and outcome variable model. The predictor variables are the demographic profile of the respondents as to their sex and year level and the stressors experienced by the respondents. The outcome variable is the utilization of adaptive nonpharmacologic intervention. The researchers used an adapted questionnaire to gather necessary data to understand the difference between the utilization of adaptive nonpharmacologic interventions to reduce the stress of the nursing students in Canossa College - San Pablo City, Inc. as to their sex and year level.

Statement of the Problem

This study sought to determine the utilization of adaptive nonpharmacologic intervention to reduce the stress of nursing students in Canossa College-San Pablo City Inc. Specifically, it sought to answer the following questions:

1. What is the demographic profile of the respondents?
 - 1.1. Sex;
 - 1.2. Year level?
2. To what extent do the respondents experience the different stressors relative to academic and personal life status?
3. To what extent do the respondents exercise adaptive nonpharmacologic interventions to reduce stress?
4. To what extent does the exercise of adaptive nonpharmacologic intervention by the respondents vary across their different profiles?
5. What implications may be derived from the quantitative data gathered?

Scope and Delimitations

The study was conducted to determine the utilization of adaptive nonpharmacologic intervention to reduce the stress of nursing students in Canossa College- San Pablo City Inc. The study is limited to all the nursing students of Canossa College- San Pablo City Inc. which has a total population of one hundred sixty-five (165). This institution was chosen primarily because it offers nursing courses. The researchers used an adapted questionnaire to gather the data needed for the study. The aspects looked into are the difference between the utilization of adaptive nonpharmacologic interventions used by respondents to reduce stress as to their sex and year level. In addition, the different stressors experienced by the respondents are also identified. The research was carried out from the period of February 8-21, 2023.

Methodology

Research Design

Quantitative Descriptive-comparative approach

This study was quantitative in approach. It was quantitative as it required statistical analysis to answer the problems of the study. Quantitative research entails gathering, analyzing, interpreting, and writing study results (Creswell, 2002). The study also used a descriptive-comparative approach as the researchers described the different stressors experienced and adaptive nonpharmacologic interventions used by the respondents as well as the difference between the utilization of adaptive nonpharmacologic interventions used by the respondents to reduce stress as to their sex and year level. The goal of descriptive research is to accurately and systematically describe a population, situation, or phenomenon (McCombes, 2019). With a descriptive comparative design, it will describe the differences between groups in a population without any manipulation (Cantrell, 2011).

Respondents of the Study

The complete enumeration of a sample of respondents is composed of all-year level nursing students of Canossa College - San Pablo City, Inc. counting a total population of one hundred sixty-five (165). Fifty (50) BSN 1 students, forty-nine (49) BSN 2 students, thirty-nine (39) BSN 3 students, and twenty-seven (27) BSN 4 students in the school year 2022-2023.

Instrument of the Study

Validated adapted questionnaire collated from the study of Nuas et al. (2015) (Cronbach's Alpha: Stressors= .744 acceptable internal consistency; Adaptive nonpharmacologic interventions= .871 good internal consistency) Demographic Profile, 9 items Stressors, and 19 items Adaptive Nonpharmacologic Interventions (5-point Likert Scale)

Data Collection and Analysis

Researchers developed a research instrument by adapting an existing questionnaire, obtaining permission via email. The instrument's validity was ensured through review by the research adviser and external validators. An initial pilot test using Google Forms was conducted from November 21 to 23, 2022, with nursing students in San Pablo City. The instrument's reliability was computed by a statistician. Post pre-oral defense, the instrument was improved based on panel feedback and subjected to a second pilot test from January 8 to 16, 2023, ensuring no repeat participation for unbiased responses. A formal request and instrument were sent to the College of Nursing at Canossa College San Pablo City-Inc. for permission, and upon approval, class presidents coordinated survey distribution through Google Forms. The survey, initiated on February 8, 2023, concluded on February 21, 2023, with 165 collected responses. Data were sent to a statistician for tabulation and

evaluation, aiming to derive relevant findings for the study's presented problems.

Ethical Considerations

The study adhered to ethical guidelines with permissions from the deans of the College and College of Nursing at Canossa College-San Pablo City, Inc. The researchers secured consent for all nursing student year levels and collaborated with the

school registrar for respondent identification. Permission to adapt the questionnaire and use the validation sheet was obtained through email communication with the corresponding author. Confidentiality and the right to discontinue participation were explained and practiced, with these assurances detailed in the informed consent form. Respondents were guaranteed privacy and confidentiality of their answers and responses.

Results and Discussion

Table 1: Frequency Distribution and Percentage of the Respondents According to Sex and Year Level

Year Level	Sex					
	Male		Female		Total	
	Freq	%	Freq	%	Freq	%
BSN 1	9	18	41	82	50	30
BSN 2	7	14	42	86	49	30
BSN 3	12	31	27	69	39	24
BSN 4	7	26	20	84	27	16
Total	35	100	130	100	165	100

Table 1 shows the demographic data of the respondents according to their sex and year level. The majority of the respondents were female with a total of one hundred thirty (130) while male nursing students had a total of thirty five (35) making a total of one hundred sixty five (165) respondents.

Overall, the majority of the respondents came from BSN 1 with a frequency of fifty (50) or 30%, followed by BSN 2 of forty-nine (49) or 30%, BSN 3 of thirty-nine (39) or 24%, and BSN 4 of twenty-seven (27) or 16%.

Table 2: Ranking of Stressors Experienced by the Respondents

Stressors	Mean	SD	Rank
Failure in examinations and quizzes	4.418	0.82	1
Low score in examinations and quizzes	4.242	0.87	2
Heavy assignments and workloads from school	4.206	0.72	3
Heavy assignments and workloads from clinical practice	4.133	0.80	4
Experiencing financial problems	3.812	1.21	5
Adjustment to the transition from online to face-to-face classes	3.527	1.20	6
Instructor/professor's behavior and attitude	3.442	1.24	7
Lack of support from my family/friends for studies	3.242	1.42	8
Doing household chores	3.055	1.28	9

Shown in Table 2 is the ranking of stressors experienced by the respondents. The item on the stressors, "*Failure in examination and quizzes*" ranked first (1st) with a mean of 4.418 and a standard deviation of 0.82. Followed by "*Low score in examinations and quizzes*" ranked second (2nd) with a mean of 4.242 and a standard deviation of 0.87. "*Heavy assignments and workloads from school*" ranked third (3rd) with a mean of 4.206 and

a standard deviation of 0.72; "*Heavy assignments and workloads from clinical practices*" ranked fourth (4th) with a mean of 4.133 and a standard deviation of 0.80. "*Experiencing financial problems*" ranked fifth (5th) with a mean of 3.812 and a standard deviation of 1.21. "*Adjustment to the transition from online to face-to-face classes*" ranked sixth (6th) with a mean of 3.527 and a standard deviation of 1.20. "*Instructor/professor's*

behavior and attitude” ranked seventh (7th) with a mean of 3.442 and a standard deviation of 1.24. Lastly, *Lack of support from my family/friends for studies*” ranked eighth (8th) with a mean of 3.242

and a standard deviation of 1.42; and finally the item, *“Doing household chores”* ranked ninth (9th) with a mean of 3.055 and a standard deviation of 1.28.

Table 3: Rankings of Utilized Adaptive Nonpharmacologic Interventions by the Respondents

Adaptive Nonpharmacologic Intervention	Mean	SD	Rank
I listen to music	4.497	0.82	1
I use social media (TikTok, Facebook, Instagram, and Twitter)	4.333	0.95	2
I eat my comfort food	4.302	0.93	3
I go somewhere calm and quiet to meditate	4.094	1.21	4
I sleep longer than I usually do	4.025	1.18	5
I drink a lot of water	4.019	1.05	6
I watch movies	3.918	1.10	7
I take time to pray or attend mass/worship	3.83	1.03	8
I perform deep breathing exercises	3.566	1.12	9
I share my concerns about my studies to my friends, family, and peers	3.528	1.10	10
I seek advice from friends, family, and peers	3.509	1.19	11
I share my concerns about my personal problems to my friends, family, and peers	3.497	1.16	12
I create my daily schedule/to-do list	3.252	1.25	13
I play online games	3.201	1.45	14
I go for exercise	2.925	1.25	15
I play my favorite sport	2.679	1.34	16
I do journaling (writing essays, journals, and poems)	2.616	1.38	17
I seek professional advice from my teachers or professors about my study load.	2.333	1.18	18
I seek professional advice from the school guidance counselor about my study load.	2.151	1.19	19

Shown in Table 3 are the rankings of utilized adaptive nonpharmacologic interventions by the respondents. The majority of respondents ranked first the item *“I listen to music”* as the most utilized with a mean of 4.497 and a standard deviation of 0.82. The item *“I use social media (TikTok, Facebook, Instagram, and Twitter)”* ranked second (2nd) with a mean of 4.333 and a standard deviation of 0.95; followed by *“I eat my comfort food”* with a mean of 4.302 and a standard deviation of 0.93; *“I go somewhere calm and quiet to meditate”* ranked fourth (4th) with a mean of 4.094 and a standard deviation of 1.21; and *“I sleep longer than I usually do”* ranked fifth (5th) with a mean of 4.025 and a standard deviation of 1.18. Conversely, the five

items that are least likely to be utilized by the respondents are *“I go for exercise”* which ranked fifteenth (15th) with a mean of 2.925 and a standard deviation of 1.25; *“I play my favorite sport”* ranked sixteenth (16th) with a mean of 2.679 and a standard deviation of 1.34; *“I do journaling (writing essays, journals, and poems)”* ranked seventeenth (17th) with a mean of 2.616 and a standard deviation of 1.38; *“I seek professional advice from my teachers or professors about my study load.”* ranked eighteenth (18th) with a mean of 2.333 and a standard deviation of 1.18; *“I seek professional advice from the school guidance counselor about my study load”* ranked nineteenth (19th) with a mean of 2.151 and a standard deviation of 1.19.

Table 4: Rankings of Utilized Adaptive Nonpharmacologic Interventions when the Respondents are Grouped According to their Sex

Adaptive Nonpharmacologic Intervention	Male			Female		
	Mean	SD	Rank	Mean	SD	Rank
I listen to music	4.657	0.80	1	4.446	0.81	1
I use social media (TikTok, Facebook, Instagram, and Twitter)	4.4	0.94	2	4.315	0.95	3
I play online games	4.229	1.45	3	2.954	1.45	14
I drink a lot of water	4.2	1.03	4	3.977	1.04	7
I eat my comfort food	4.029	0.90	5	4.346	0.93	2
I go somewhere calm and quiet to meditate	3.829	1.19	6	4.138	1.20	5
I share my concerns about my personal problems to my friends, family, and peers	3.743	1.15	7	3.408	1.16	12
I seek advice from friends, family, and peers	3.743	1.19	7	3.423	1.19	11
I perform deep breathing exercises	3.629	1.12	9	3.546	1.11	9
I watch movies	3.571	1.08	10	4.008	1.09	6
I play my favorite sport	3.543	1.34	11	2.438	1.34	17
I sleep longer than I usually do	3.457	1.18	12	4.185	1.18	4
I share my concerns about my studies to my friends, family, and peers	3.457	1.10	12	3.538	1.09	10
I take time to pray or attend mass/worship	3.4	1.02	14	3.938	1.03	8
I go for exercise	3.171	1.25	15	2.869	1.25	15
I seek professional advice from my teachers or professors about my study load.	2.829	1.17	16	2.223	1.17	18
I create my daily schedule/to-do list	2.743	1.25	17	3.392	1.25	13
I seek professional advice from the school guidance counselor about my study load.	2.371	1.18	18	2.108	1.19	19
I do journaling (writing essays, journals, and poems)	2.029	1.36	19	2.792	1.38	16

Shown in Table 4 are the rankings of utilized adaptive nonpharmacologic interventions when the respondents are grouped according to their sex which implied that the most utilized adaptive nonpharmacologic interventions by the respondents, both male and female, is “*I listen to music*”. Ranked second among the male respondents is “*I use social media (TikTok, Facebook, Instagram, and Twitter)*” while the second utilized by female respondents is “*I eat my comfort food*”. Ranked third by the male respondents is “*I play online games*” while the female ranked third item “*I use social media (TikTok, Facebook, Instagram, and Twitter)*”. Ranked fourth by male respondents is “*I drink a lot of water*” while “*I sleep longer than I usually do*” is ranked fourth by the female respondents. Ranked fifth by male respondents is “*I eat my comfort food*” while by the female respondents is “*I go somewhere calm and quiet to meditate*”.

When it comes to the five least used adaptive nonpharmacologic interventions, according to both

male and female respondents, they identified “*I go for exercise*” as ranked fifteenth. Ranked sixteenth among the male respondents is the item “*I seek professional advice from my teachers or professors about my study load*” while for the female respondents is “*I do journaling (writing essays, journals, and poems)*”. Ranked seventeenth among the male respondents is the item “*I create my daily schedule/to-do list*” while the ranked seventeenth among the female respondents is the item “*I play my favorite sport*”. Ranked eighteenth by the male respondents is the item “*I seek professional advice from the school guidance counselor about my study load.*” while according to female respondents is the item “*I seek professional advice from my teachers or professors about my study load.*” Lastly, according to male respondents, “*I do journaling (writing essays, journals, and poems)*” as the ranked nineteenth. On the other hand, the least utilized for female respondents is “*I seek professional advice from the school guidance counselor about my study load.*”

Table 5: Rankings of Utilized Adaptive Nonpharmacologic Interventions when the Respondents are Grouped According to their Year Level

Adaptive Nonpharmacologic Intervention	BSN 1			BSN 2			BSN 3			BSN 4		
	Mean	SD	Rank	Mean	SD	Rank	Mean	SD	Rank	Mean	SD	Rank
I listen to music	4.52	0.80	1	4.51	0.82	1	4.59	0.82	1	4.259	0.83	1
I use social media (TikTok, Facebook, Instagram, and Twitter)	4.3	0.94	2	4.408	0.96	2	4.41	0.93	2	4.148	0.87	3
I eat my comfort food	4.28	0.90	3	4.306	0.94	3	4.282	0.88	4	4.222	0.90	2
I sleep longer than I usually do	4.08	1.19	4	4.143	1.13	5	3.923	1.19	8	3.889	1.20	5
I go somewhere calm and quiet to meditate	3.96	1.16	5	4.041	1.19	6	4.359	1.19	3	3.926	1.19	4
I watch movies	3.88	1.08	6	3.939	1.10	7	3.974	1.07	6	3.852	1.08	6
I drink a lot of water	3.86	1.04	7	4.184	1.03	4	4.179	1.03	5	3.815	1.03	7
I take time to pray or attend mass/worship	3.78	1.02	8	3.878	1.01	8	3.974	1.05	6	3.593	1.03	9
I share my concerns about my personal problems to my friends, family, and peers	3.5	1.15	9	3.265	1.15	14	3.615	1.15	10	3.63	1.16	8
I seek advice from friends, family, and peers	3.5	1.18	9	3.51	1.18	10	3.615	1.20	10	3.259	1.21	13
I share my concerns about my studies to my friends, family, and peers	3.46	1.10	11	3.49	1.08	11	3.615	1.09	10	3.556	1.11	10
I perform deep breathing exercises	3.38	1.12	12	3.714	1.10	9	3.692	1.12	9	3.444	1.11	11
I play online games	3.36	1.44	13	3.306	1.44	13	3.103	1.46	14	3	1.46	14
I create my daily schedule/to-do list	3.1	1.23	14	3.367	1.23	12	3.282	1.23	13	3.296	1.21	12
I go for exercise	3.02	1.25	15	2.918	1.23	15	2.974	1.27	15	2.741	1.27	15
I play my favorite sport	2.78	1.34	16	2.755	1.34	17	2.513	1.37	17	2.556	1.39	16
I do journaling (writing essays, journals, and poems)	2.58	1.36	17	2.857	1.37	16	2.564	1.39	16	2.407	1.36	17
I seek professional advice from my teachers or professors about my study load.	2.42	1.15	18	2.469	1.14	18	2.103	1.15	18	2.37	1.12	18
I seek professional advice from the school guidance counselor about my study load.	2.36	1.16	19	2.306	1.17	19	1.821	1.17	19	2.037	1.13	19

Shown in Table 5 are the rankings of utilized adaptive nonpharmacologic interventions when the respondents are grouped according to their year level. The result of the study implies that the majority of the respondents from BSN 1, 2, 3, and 4 answered that *"I listen to music"* is the adaptive nonpharmacologic intervention that they utilize the most. The respondents from BSN 1, 2, and 3 ranked the item *"I use social media (TikTok, Facebook, Instagram, and Twitter)"* as the second most utilized while the item *"I eat my comfort food"* was ranked second by the BSN 4 respondents. The BSN 1 and 2 respondents ranked the item *"I eat my comfort food"* as the third most utilized; for the BSN 3 respondents is *"I go somewhere calm and quiet to meditate"*; for the BSN 4 respondents is *"I use social media (TikTok, Facebook, Instagram, and Twitter)"* as ranked third. The BSN 1 respondents ranked the item *"I sleep longer than I usually do"*

as the fourth most utilized; for the BSN 2 respondents is *"I drink a lot of water"*; for the BSN 3 respondents is *"I eat my comfort food"*; for the BSN 4 respondents is *"I go somewhere calm and quiet to meditate"* as fourth. Lastly, the BSN 1 respondents ranked the item *"I go somewhere calm and quiet to meditate"* as the fifth most utilized; for the BSN 2 and 4 respondents is *"I sleep longer than I usually do"*; for the BSN 3 respondents is *"I drink a lot of water"* as ranked fifth.

When it comes to the five least used adaptive nonpharmacologic interventions, according to year level, the item *"I go for exercise"* was ranked fifteenth by all the year levels including BSN 1, 2, 3, and 4 respondents. The BSN 1 and BSN 4 respondents identified the item *"I play my favorite sport"* as ranked sixteenth while it was ranked seventeenth by the BSN 2 and BSN 3 respondents.

The BSN 1 and BSN 4 respondents identified the item *"I do journaling (writing essays, journals, and poems)"* as ranked seventeenth while the BSN 2 and BSN 3 respondents identified it as the ranked sixteenth. Overall, the items that have the lowest rank are *"I seek professional advice from my teachers or professors about my study load."* and *"I seek professional advice from the school guidance counselor about my study load"* which the majority of the respondents from all the year levels including the BSN 1, 2, 3, and 4 respondents identified as ranked eighteenth and nineteenth.

Conclusion

The respondents were one hundred sixty-five (165) nursing students at Canossa College - San Pablo City, Inc. in which the majority were female and when it came to year level, as the year level increased, the number of nursing students decreased. The stressors of the respondents resulted from examinations and quizzes such as failing and or having a low score. Heavy assignments and workloads from school and clinical practice also added to the stressors of the respondents. The study revealed that the sources of different stressors experienced by the respondents came from school-related work. It was further revealed that stressors other than school-related such as household chores and lack of support from family and friends did not significantly affect them. The study further revealed that the respondents coped with stress by listening to music and using social media. While other respondents prioritized self-care when in stress such as eating comfort food, going somewhere calm and quiet to meditate, and sleeping longer than they usually do. On the other hand, they did not focus on adaptive nonpharmacologic interventions such as going for exercise, playing their favorite sports, journaling, and seeking professional advice from their teachers, professors, or school guidance counselor about their study load.

It was identified that respondents experience stress from various stressors that arise in both academic and clinical settings. Drawing from the Neuman Systems Model and Richard Lazarus' Stress, Appraisal, and Coping Theory, it is evident that respondents react to these stressors through employing adaptive nonpharmacologic interventions, which significantly reducing their stress levels.

Finally, assessments showed no significant differences in the use of adaptive nonpharmacologic interventions to reduce stress among males and females, as well as across all year levels which implied that interventions used by the respondents do not vary when they are grouped by their sex and year level. This suggests that intervention preferences remain consistent regardless of sex or

year level, contrary to Nola Pender's Health Promotion Model, which emphasizes the influence of unique personal traits on health-promoting behaviors, aiming for improved health and quality of life.

Recommendations

For Nursing Students: Nursing students should take time to do self-assessments on their adaptive nonpharmacologic interventions, revealing strengths and weaknesses. Creating a stress-relieving journal, maintaining a daily schedule, and prioritizing tasks are recommended. Incorporating physical activity into the routine is also advised for overall well-being.

For Nursing Professors, Clinical Instructors (CI), and General Education (GE) Teachers: Class advisers should conduct consultations in order to give professional advice about the study load of the students. Clinical instructors should continue conducting pre and post-conference sessions, ensuring ample time for student discussions on concerns.

For Institution of Canossa College- San Pablo City Inc.: Institutions should delegate HR for more stress reduction research, focusing on emotional, cognitive, and behavioral aspects as coping mechanisms. Implement wellness programs to provide exercise and alleviate academic pressure for nursing students.

For Parents: Parents should maintain strong support by listening and advising on their children's personal and academic problems.

For Future Researchers: Future researchers that a similar study be made across various nursing schools within San Pablo City, Laguna and may extend the study to the other professional and non professional courses to provide a more comprehensive idea of the utilized adaptive nonpharmacologic interventions to reduce stress. The future researchers can also have an in-depth look into the aspects of what particular adaptive nonpharmacologic interventions is used for a particular stressor as this study is only limited to the difference between the utilization of adaptive nonpharmacologic interventions used by the respondents to reduce stress as to their sex and year level.

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Conflicts of Interest

The authors declare that there are no significant competing financial, professional, or personal interests that might have influenced the performance or presentation of the work described in this manuscript.

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